

## WPDP Prescription Drug Discount Card Enrollment Form

Please complete all of the information below to receive an I.D. card:

1

Printed Name of Applicant \_\_\_\_\_

Date of Birth of Applicant \_\_\_\_\_

Street Address (to mail ID card) \_\_\_\_\_

( )  
 Phone Number \_\_\_\_\_

City, State, ZIP (to mail ID card) \_\_\_\_\_

Male ( ) Female ( )

2

Where did you hear about this program? (Circle as many as apply)

Newspaper

WPDP Website (www.rx.wa.gov)

Faith-based organization

Radio

School or college

Other \_\_\_\_\_

Television

Social Services

3

Mail your completed enrollment form to: (one per applicant)

Washington Prescription Drug Program  
 c/o The ODS Companies  
 Attn: Billing & Eligibility  
 601 SW 2<sup>nd</sup> Ave.  
 Portland, OR 97204-9747

If you need assistance enrolling, please call toll-free 1-800-913-4146.

## Answers to Frequently Asked Questions

- ♦ There is no cost to join the program.
- ♦ Each person must fill out an enrollment form.
- ♦ You will receive the I.D. card within 2 weeks after WPDP receives your enrollment form.
- ♦ Enrolling in Medicare Part D will not disqualify you from enrolling in this program.
- ♦ For more information on the program, please call ODS customer service toll-free at **1-800-913-4311**.